



REVS Equipment Order Form



155 Federal Street, 6th Floor
Boston, MA 02110

Primary Coordinator Information

Name of Device Coordinator	
Organization Name	
MassHealth Provider Number	
Address	
Phone Number	
Fax Number	
E-mail Address	

Specific Site Contact Information (if different from above)

Site Contact Name	
Site Name	
Address	
Phone Number	
Fax Number	
E-mail address	

Order Information (if tax exempt, please include a copy of your ST2 form with this order form)

Product Information	Cost per Unit w/o Tax	Cost per Unit w/tax (5%)	Quantity	Total Cost
Verifone Omni 395 POS w/Printer	\$350.00	\$367.50		
Omni 395 POS Only	\$99.00	\$103.95		
Verifone Printer Only	\$285.00	\$299.25		
Cable for Citizen Printer ¹	\$15.00	\$15.75		
Subtotal				
Final Cost				

Prices subject to change as of April 2, 2003

¹ - Citizen printer cable is only necessary for the OLD Citizen printers. If you are ordering a printer with your device, please leave this part blank.

Do you currently own a Citizen Printer? (y/n) _____
Access Codes (i.e., Number(s) used to dial out) _____
Business Delivery Hours _____

TERMS: All purchases must be prepaid, prior to receipt of equipment.

EDS REVS Helpdesk: 1- 800 - 462 - 7738
EDS Fax: 617- 350 - 8180

Make Checks Payable To: EDS MassHealth

and Mail To:

EDS MassHealth
Attn: Provider Services
155 Federal Street, 6th floor
Boston, MA 02110